

Application or Docket Number **SYSTEM
AND METHOD FOR PROVIDING
REDUCED INSURANCE PREMIUMS**

PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(e))	355	
TOTAL CLAIMS (37 CFR 1.16(e))	20	minus 20 = 0
INDEPENDENT CLAIMS (37 CFR 1.16(e))	3	minus 3 = 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(e))		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

**OTHER THAN
OR SMALL ENTITY**

RATE	FEES
	\$ 355
OR x \$ =	\$ _____
OR x \$ =	\$ _____
OR x \$ =	\$ _____
OR + \$ =	\$ _____
TOTAL	355
OR TOTAL	

SMALL ENTITY

**OTHER THAN
OR SMALL ENTITY**

RATE	ADDI- TIONAL FEE
OR x \$ =	
OR x \$ =	
OR x \$ =	
OR + \$ =	
TOTAL	
OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	Minus	**
	Independent (37 CFR 1.16(e))	*	Minus	**
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

TOTAL

ADDIT. FEE

RATE	ADDI- TIONAL FEE
OR x \$ =	
OR x \$ =	
OR x \$ =	
OR + \$ =	
OR TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	Minus	**
	Independent (37 CFR 1.16(e))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

TOTAL

ADDIT. FEE

RATE	ADDI- TIONAL FEE
OR x \$ =	
OR x \$ =	
OR x \$ =	
OR + \$ =	
OR TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(e))	*	Minus	**
	Independent (37 CFR 1.16(e))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(e))				

TOTAL

ADDIT. FEE

RATE	ADDI- TIONAL FEE
OR x \$ =	
OR x \$ =	
OR x \$ =	
OR + \$ =	
OR TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.7 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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